



Regulatory Pathways: NDA Process

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Office of New Drugs

What information is required for an NDA?

➤ Form 356h

<http://www.fda.gov/opacom/morechoices/fdaforms/cder.html>

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION APPLICATION TO MARKET A NEW DRUG, BIOLOGIC, OR AN ANTIBIOTIC DRUG FOR HUMAN USE (Title 21, Code of Federal Regulations, Parts 314 & 601)		Form Approved OMB No. 0910-0400 Expiration Date: April 30, 2009 See OMB Statement on page 2.
		FOR FDA USE ONLY
		APPLICATION NUMBER
APPLICANT INFORMATION		
NAME OF APPLICANT	DATE OF SUBMISSION	
TELEPHONE NO. (include Area Code)	FACSIMILE (FAX) Number (include Area Code)	
APPLICANT ADDRESS (Number, Street, City, State, Country; ZIP Code or Mail Code, and U.S. License number if previously issued)	AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code, telephone & FAX number) IF APPLICABLE	
PRODUCT DESCRIPTION		
NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (if previously issued)		
ESTABLISHED NAME (e.g., Proper name, USFDA name)	PROPRIETARY NAME (trade name) IF ANY	
CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (if any)	CODE NAME (if any)	
DOSAGE FORM:	STRENGTH:	ROUTE OF ADMINISTRATION:
(PROPOSED) INDICATION(S) FOR USE:		
APPLICATION DESCRIPTION		
APPLICATION TYPE (check one) <input type="checkbox"/> NEW DRUG APPLICATION (CDA, 21 CFR 314.50) <input type="checkbox"/> ABANDONED NEW DRUG APPLICATION (ANDA, 21 CFR 314.94)		
<input type="checkbox"/> BIOLOGICS LICENSE APPLICATION (BLA, 21 CFR Part 601)		
IF AN ANDA, IDENTIFY THE APPROPRIATE TYPE <input type="checkbox"/> 505 (b)(1) <input type="checkbox"/> 505 (b)(2)		
IF AN ANDA, OR 505(b)(2), IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION		
Name of Drug _____ Holder of Approved Application _____		
TYPE OF SUBMISSION (check one) <input type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> AMENDMENT TO PENDING APPLICATION <input type="checkbox"/> RESUBMISSION		
<input type="checkbox"/> PRESUBMISSION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> ESTABLISHMENT DESCRIPTION SUPPLEMENT <input type="checkbox"/> EFFICACY SUPPLEMENT		
<input type="checkbox"/> LABELING SUPPLEMENT <input type="checkbox"/> CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT <input type="checkbox"/> OTHER		
IF A SUBMISSION OF PARTIAL APPLICATION, PROVIDE LETTER DATE OF AGREEMENT TO PARTIAL SUBMISSION: _____		
IF A SUPPLEMENT, IDENTIFY THE APPROPRIATE CATEGORY <input type="checkbox"/> CBE <input type="checkbox"/> CBE-30 <input type="checkbox"/> Prior Approval (PA)		
REASON FOR SUBMISSION:		
PROPOSED MARKETING STATUS (check one) <input type="checkbox"/> PRESCRIPTION PRODUCT (P) <input type="checkbox"/> OVER THE COUNTER PRODUCT (OTC)		
NUMBER OF VOLUMES SUBMITTED _____ THIS APPLICATION IS <input type="checkbox"/> PAPER <input type="checkbox"/> PAPER AND ELECTRONIC <input type="checkbox"/> ELECTRONIC		
ESTABLISHMENT INFORMATION (Full establishment information should be provided in the body of the Application.) Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (combination products may be used if necessary). Include name, address, contact, telephone number, registration number (CRN), DMF number, and manufacturing steps and/or type of testing (e.g., final dosage form, stability testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.		
Cross References (list related License Applications, INDs, NDAs, PMAs, 515(b)s, IDEs, DMFs, and DMFs referenced in the current application)		

FORM FDA 356b (4/06)

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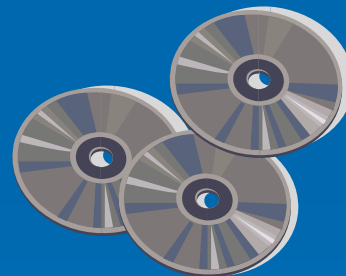
- Form 356h
<http://www.fda.gov/opacom/morechoices/fdaforms/cder.html>
- Index
- Summary (including labeling, *marketing history*, technical sections)
- Technical sections (chemistry, nonclinical pharm/tox, human pharmacokinetics, statistical)
- Other (pediatrics, patent information, financial disclosure, etc.)

Code of Federal Regulations: 21 CFR 314.50

<http://www.access.gpo.gov/cgi-bin/cfrassemble.cgi?title=200421>

What is an acceptable format for an NDA?

- “Traditional” or “International” (Common Technical Document or CTD)
- Paper or Electronic or Mixed



<http://www.fda.gov/cder/about/smallbiz/default.htm>

Did you know... Prescription labeling has a whole new look!

- Effective June 30, 2006, all new applications must be in the new format
 - Highlights
 - Table of contents

<http://www.fda.gov/cder/regulatory/physLabel/default.htm>

HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use Indinavir safely and effectively. See full prescribing information for Indinavir.		DOSAGE FORMS AND STRENGTHS Capsules: 50 mg (3)	
INDICATIONS* (b) (4) CAPSULES Initial U.S. Approval: 2006		CONTRAINDICATIONS • Hematologic disorders or a history of TTP or aplastic anemia (4) • Hematologic disorder or active bleeding (4) • Severe hepatic impairment (4, 8, 7)	
WARNING: LIFE-THREATENING HEMATOLOGICAL ADVERSE REACTIONS See full prescribing information for complete blood monitoring. Monitor for hematological adverse reactions every 2 weeks for first 3 months of treatment (5.2). Discontinue Indinavir immediately if any of the following occur: • Neutropenia/agranulocytosis (5.1) • Thrombocytopenia/thrombocytopenic purpura (5.1) • Aplastic anemia (5.1)		WARNINGS AND PRECAUTIONS • Neutropenia (2.4 % incidence; may occur suddenly; typically resolves within 1-2 weeks of discontinuation); thrombotic thrombocytopenic purpura (TTP), aplastic anemia, agranulocytosis, pancytopenia, leukopenia, and thrombocytopenia can occur (5.1) • Monitor for hematological adverse reactions every 2 weeks through the third month of treatment (5.2)	
RECENT MAJOR CHANGES Indications and Usage, Concomitant Therapy (1, 2) 2/2003 Dosage and Administration, Concomitant Therapy (2, 2) 2/2003		ADVERSE REACTIONS Most common adverse reactions (incidence >20%) are diarrhea, nausea, dyspepsia, rash, gastrointestinal pain, constipation, and paresthesia (5.1). To report SUSPECTED ADVERSE REACTIONS, contact (manufacturer's) at (phone 7 and 16 pb address) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch .	
INDICATIONS AND USAGE Indinavir is an integrase inhibitor (AI) antiretroviral agent used for the treatment of HIV infection. • Reducing the risk of opportunistic infection in patients who have experienced opportunistic infections or who have had a completed opportunistic infection (1, 1) • Reducing the incidence of opportunistic infection in patients who are treated with Indinavir (1, 2) Important limitations: • For HIV, Indinavir should be reserved for patients who are intolerant of or allergic to zidovudine or who have failed zidovudine therapy (1, 1)		DRUG INTERACTIONS • Anticoagulants: Discontinue prior to starting Indinavir (5.1, 7.1) • Phenytoin: Elevated phenytoin levels have been reported. Monitor levels (7.2)	
DOSAGE AND ADMINISTRATION • Stroke: 50 mg once daily with food (2.1) • Concomitant Therapy: 50 mg once daily with food, with antiprimary dose of zidovudine, for up to 30 days following most potentiation (2.2) Discontinue in severely impaired patients if thrombotic or hematologic problems are encountered (2.3, 4.5, 12.3)		USE IN SPECIFIC POPULATIONS • Hepatic Impairment: Dose may need adjustment. Contraindicated in severe hepatic disease (4, 8, 7, 12.3) • Renal Impairment: Dose may need adjustment (2.3, 8.6, 12.3) See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling. Revised: 5/2005	
FULL PRESCRIBING INFORMATION: CONTENTS*			
WARNING - LIFE-THREATENING HEMATOLOGICAL ADVERSE REACTIONS 1. INDICATIONS AND USAGE 1.1. Therapeutic Indication 1.2. Concomitant Therapy 2. DOSAGE AND ADMINISTRATION 2.1. Therapeutic Indication 2.2. Concomitant Therapy 2.3. Renally Impaired Patients 3. DOSAGE FORMS AND STRENGTHS 4. CONTRAINDICATIONS 5. WARNINGS AND PRECAUTIONS 5.1. Hematological Adverse Reactions 5.2. Monitoring for Hematological Adverse Reactions 5.3. Anticoagulant Drugs 5.4. Bleeding Tendencies 5.5. Monitoring - Liver Function Tests 6. ADVERSE REACTIONS 6.1. Clinical Studies Experience 6.2. Postmarketing Experience 7. DRUG INTERACTIONS 7.1. Anticoagulant Drugs 7.2. Phenytoin 7.3. Antipyrine and Other Drugs Metabolized Hepatically 7.4. Aspirin and Other Non-Steroidal Anti-Inflammatory Drugs 7.5. Cimetidine 7.6. Theophylline 7.7. Propofol 7.8. Atorvastatin 7.9. Digoxin 7.10. Fluconazole 7.11. Other Concomitant Drug Therapy 7.12. Food Interactions		8. USE IN SPECIFIC POPULATIONS 8.1. Pregnancy 8.2. Nursing Mothers 8.3. Pediatric Use 8.4. Geriatric Use 8.5. Hepatic Impairment 8.6. Renal Impairment 9. OVERDOSAGE 10. DESCRIPTION 11. CLINICAL PHARMACOLOGY 11.1. Mechanism of Action 11.2. Pharmacokinetics 11.3. Pharmacokinetics 12. NONCLINICAL TOXICOLOGY 12.1. Carcinogenicity, Mutagenicity, Impairment of Fertility 13. CLINICAL STUDIES 13.1. Therapeutic Indication 13.2. Concomitant Therapy 14. HOW SUPPLIED/STORAGE AND HANDLING 15. PATIENT COUNSELING INFORMATION 15.1. Importance of Monitoring 15.2. Bleeding 15.3. Hematological Adverse Reactions 15.4. FDA-Approved Patient Labeling	
*Sections or subsections omitted from the full prescribing information are not listed.			

What is the difference between a 505(b)(1) and 505(b)(2) NDA?

- The standard for approval (substantial evidence of safety and effectiveness) is the same
- The *source* of data is different
 - 505(b)(1) – your data (you did the studies or you own the data) or you have right of reference (permission) to use the data
 - 505(b)(2) – relies upon data you don't own or have right of reference to, including published literature

What are some examples of products submitted as 505(b)(2) NDAs?

➤ Change from a previously approved drug in:

- Dosage form
- Formulation
- Strength,
- Route of administration
- Dosing regimen
- Indication
- Active ingredient (e.g., different salt)

What are some examples of products submitted as 505(b)(2) NDAs?

- Substitution of an active ingredient in a combination product
- A combination of two previously approved products
- Monograph deviation

Guidance for Industry, Applications Covered by Section 505(b)(2)

<http://www.fda.gov/cder/guidance/2853dft.htm>

Response to Citizen Petition:

<http://www.fda.gov/ohrms/dockets/dailys/03/oct03/102303/02p-0447-pdn0001-vol1.pdf>

What makes a 505(b)(2) NDA “special”?

- It can rely upon “general” information (e.g., non-product specific published literature)
- It can rely upon our previous finding of safety and efficacy (i.e., a previously approved product)
 - Requires a scientific “bridge” to the approved product (generally a bioavailability or bioequivalence study)
 - Requires patent certification/statement

What is a patent certification or statement?

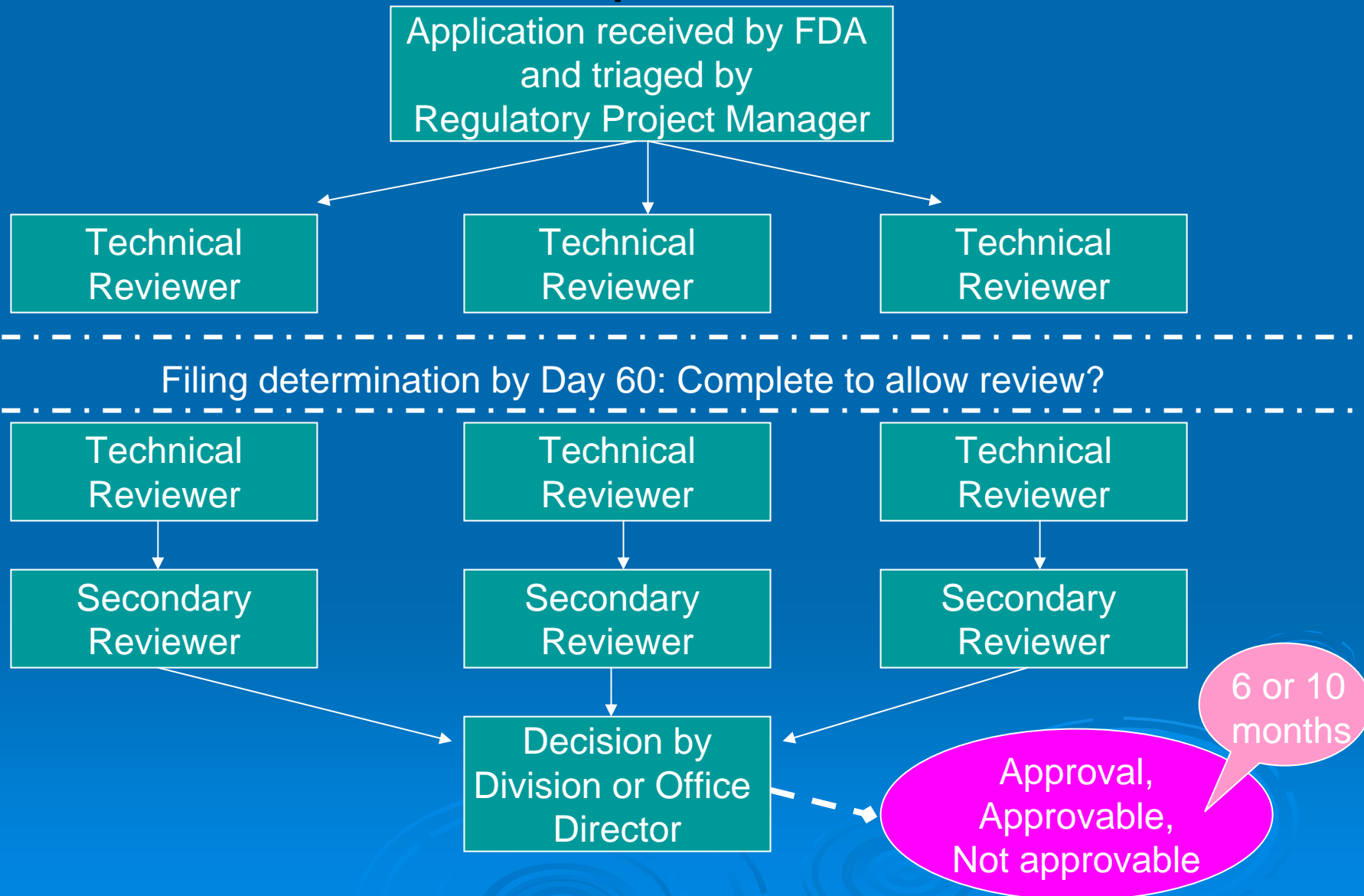
- Requires that the applicant of a 505(b)(2) application certify, to the best of their knowledge, to each patent that claims a drug relied upon to support approval of the (b)(2) product
 - Patent information submitted to FDA is found in the “Orange Book”

<http://www.fda.gov/cder/ob/default.htm>

- Types of patent certifications include not submitted, expired, will expire, etc...

21 CFR 314.50(i)(1)(i)(A)

What is the review process for an NDA?



Some advice to the potential NDA applicant:

- Research available guidance documents
- Do a thorough literature search for information regarding the active ingredient in your product
- Request a meeting with the review division
 - Don't know which division?
<http://www.fda.gov/cder/cderorg/ond.htm>
Contact the Supervisory Regulatory Project Manager
 - Don't know how?
Guidance: Formal Meetings With Sponsors and Applicants for PDUFA Products
<http://www.fda.gov/cder/guidance/2125fnl.htm>

Thank you for your
attention.

